# “A STUDY ON SCHOOL HEALTH PROGRAMME IN VIJAYAPURA TALUK”

Synoptic Note of the Research Work

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Research Guide

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## Introduction:

The health of children is an indication of the future. Good education is promising only when the child is in good health. With the world's biggest youth population, India represents an exciting demographic dividend that can have a lasting impact on the social and economic development of the country. Therefore, investing in the health and well-being of children is a significant main concern in nation-building efforts. Children are vulnerable to a wide variety of communicable and chronic disease conditions including nutritional disorders, substance abuse, mental health concerns, violence, injuries, and reproductive and sexual health problems. A number of these issues can be prevented through informed health choices. A focused and comprehensive intervention that targets risk factors and social determinants of health conditions as well as empowers children and adolescents to adopt healthy behaviors can play a main role in reducing the weight of these diseases.

Healthy children are the base for a healthy nation and the nation's future depends on the status of the children. Leaders around the world have acknowledged schools as an important setting where children develop behavior skills for physical, emotional, and social well-being. Other than the family, no social institute has a greater influence on the lives of children than schools. Every day millions of children in the nation go to school and spend a great amount of time interacting with their peers and teachers gaining knowledge, building attitudes and skills, and developing behaviors. Behavioral patterns that develop during childhood and adolescence are retained for life. Schools, therefore, play a crucial role in building healthier nations around the world. Health is a critical input for the overall development of school-going children as it influences significantly their enrollment, retention, and completion of school habits and behavior adopted in childhood remain unchanged even in adulthood. There is a saying that habits of the young, whether right or wrong, will remain with them till the grave. So it is wise and vital to invest in the educational reformation of children at the school age itself for ensuring their development and the prosperity of the nation.

India has one of the biggest groups of school-going children, particularly in rural areas. Over one-fourth of our population comprises children aged 5-14, the age group covering primary and secondary education. According to the Annual Status of Education Report (2006), 93.4 percent of all primary school-age children (6-14 yrs) are enrolled in school (Pratham, 2007). Out of those enrolled, 65-85 percent are regularly attending school, on an average of 200 days in a year. Thus the bulk of school going children is in school on the majority of the days in the year (Prasad, 2005). The relationship between health and education is manifold and inseparable, perhaps the most important common element is that both share the aspirations and objectives of human development included in international policies such as education for all, health for all, and the Sustainable Development Goals (SDG). From this broad and comprehensive perspective,

health and education are the source and prerequisite for the well-being, human development, and social, economic, and spiritual wealth of individuals and populations (WHO, 2003).

The school-going years are the formative periods in the life span of human beings. This is the ideal period for improving one's knowledge, self-esteem, life skills, and behavior. For many children, this is the first major transition in life from the family, home, and other environments. This brings about challenges and risks for children. various studies have described the types and frequencies of sickness found in school children. The common morbidity found are nutritional deficiencies, dental, visual, and hearing problems, respiratory infections, and skin diseases; and anemia has become the major curse of the age group 5-14 (Gopalan and Shiva, 2000). Children aged 5-15 years make up the group with the highest infection rate and highest worm burden which contribute greatly to the contamination of the environment and poor sanitation and hygiene. It is estimated that about 400 million school-aged children are infected with roundworm, whip-worm, and hookworm (Chan et al, 1994).

Infections caused by intestinal parasites are most commonly noticed in developing countries among school-aged children. These infections during childhood age lead to detrimental effects like poor cognitive performance and physical growth (Dongre et al., 2007). Poor nutrition may place children at an increased risk of developing dental problems such as gum disease and dental caries. The condition becomes worse with neglect of oral hygiene. Poor dental health unfavorably affects children's health and overall well-being. Untreated dental caries facilitates abscess formation, cellulitis, and systemic disease. Oral disease can lead to school absences due to indifferent health, negatively affecting educational performance. The fact is that most of these conditions are preventable or avoidable and curable at an early stage by adopting healthy behavior. Inadequacies, if any, in the children's knowledge or practices can be easily rectified during this stage through both curricular and non-curricular programs of the school. This in turn would enrich the community through child-to-child and child to parents transfer of relevant knowledge and healthy practices thus paving the way to human resource development.

**Operational definitions:**

**School:**

A school is an educational institution to provide learning spaces and learning environments for the teaching of students under the direction of teachers. A good number of countries have systems of formal education, which is sometimes compulsory. In these systems, students develop through a series of schools. School is a secondary socialization institution for children. Family is the first social institution and after that school is the second social institution. It is a formal institution of society with a systematic process of education. The school word derived from the Latin "Schole" means "leisure" (Merriam-webster). School means distributing knowledge. It's not a shop, market, or temple. It is learning in a particular place with connected with the students, parents, and teachers at a particular time and using knowledge, and skills systematically learned by teachers.

**Health:**

Health means it is not free from illness. It is the physical, mental, and social well-being of a person. According to WHO Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948).

**CHILD:**

According to JJ Act - 2015 "Child" means a person who has not completed 18 years of age". Generally child means below the age of puberty, it's during the period of infancy stage to adult.

**SCHOOL HEALTH PROGRAMME:**

"It refers that address at least 14 nut ideally all-health areas relevant to their student population, including positive health and development; unintentional injury, violence, sexual and reproductive health, including HIV, communicable diseases; non-communicable diseases, sensory functions, physical disability, oral health, substance use, and self-harm"(WHO-2021).

**SCHOOL HEALTH SERVICES:**

"Services provided by a health worker to students enrolled in primary or secondary education, either within school premises or in health services situated outside the school to provide health services for the school's students"(WHO-2021).

**SCHOOL HEALTH PROGRAMME:**

The School Health Programme is under AYUSHMAN BHARAT a mutual collaborative program between the Ministry of Health and Family Welfare and the Ministry of Human Resource & Development. It is implemented with some specific objectives as follows below:

1. To provide age-appropriate information about health and nutrition to the children in schools.
2. To promote healthy behaviors among the children that they will include for life.
3. To detect and treat diseases early in children and adolescents including identification of malnourished and anemic children with appropriate referrals to PHCs and hospitals.
4. To promote the use of safe drinking water in schools.
5. To promote safe menstrual hygiene practices by girls.
6. To promote yoga and meditation through health and wellness ambassadors
7. To encourage research on health, wellness and nutrition for children.

The school health promotion actions will be implemented in all the government and government-aided schools in the country. This will be achieved through the joint efforts and close coordination between the Ministry of Health & Family Welfare and Department of School

Education and Literacy, Ministry of Human Resource and Development at all levels (Centre and State).

**Activities in school**

1. Health growth and development
2. Personal safety
3. Nutrition and physical activity
4. Hygiene practices
5. Prevention of diseases

These are considerations of physical and psycho-social aspects based on the developmental stages of the child.

**Title of the Research topic:**

"A STUDY ON SCHOOL HEALTH PROGRAMME IN VIJAYAPURA TALUK"

**Statement of the Problem / Problem Formulation:**

School health education consists of the Physical, mental, emotional, and social well-being of a person. It builds students' knowledge, behavior, and positive attitudes. Presenting school children faced health-related problems worldwide and a lack of facilities in the school. Health education focuses on preventive, curative, and rehabilitation practices of school children. And also improve and maintain health equity, reduce risk behaviors, create a child-friendly environment and encourage positive attitudes through the educational curriculum activities. It is an attempt to understand the School Health Programme for children at the Primary school level and its strengths and weaknesses. The aim of the program is to build healthy and fruitful future life for children. Hence, researcher has chosen the title "A study on school health programme in Vijayapura Taluk" for the purpose of the proposed research.

**Significance of the study:**

Healthy children are the foundation for a healthy nation and the nation's future depends on the status of the children. Every day millions of children in the country go to school and spend a considerable amount of time interacting with their peers and teachers gaining knowledge, building attitudes and skills, and developing behaviors. Behavioral patterns that develop during childhood and adolescence are retained for life. Schools, therefore, play a crucial role in building healthier nations around the world.

A school is a physical form of children's lives. Because children spend more time in school. The school and the school environment have an impact on children's lives. Also, health is an important factor in a child's life. It is considered the primary dimension of child growth and development. There were 584 million children worldwide who did not have access to basic drinking water services at school. There were 698 million children worldwide who did not have

access to basic sanitation services at school. 818 million children worldwide lacked basic hygiene services at their school (WASH in school-2020-UNICEF). The COVID-19 pandemic also influenced children's health and education issues. Health and education were neglected in this pandemic. Most of the children suffering from illness, malnutrition, good sanitation facility, and increased school drops outs rate in children, faced problems in their good academic performance. For this reason, there is a need to research a study on School Health Programme in Vijayapura Taluk.

**Scope of the study:**

1. The research area undertaken for the present study is Vijayapura talula of Karnataka State.
2. The researcher will be investigating school health programmes Government Schools and government aided school.
3. The data will be collecting from primary school children.

**Theoretical Framework**: - Social work theories are suggesting to prevention of problems, there are

- Social Learning theory.
- Psycho-social development theory.
- Cognitive behavioral model.
- Task centered theory.
- Problem-solving theory.

**Review of Related Literature:**

Kumar and Snel, (2000) conducted a study on school sanitation and hygiene education in the Mysore district. This study was conducted with the objectives of hard and soft tissues in school sanitation and hygiene education. I adopted an evaluation research design. Studied sample of Mysore district among all government schools. In 1992 CDD (Control of Diarrhea Disease) programme was launched in Mysore under the UNICEF watsan sector. This programme special focused on improving water and sanitation in the Mysore district including a school sanitation programme introduced in schools. The objectives of the programme such as latrine facility, understanding the water and sanitation for health and hygiene, Connecting with the school and community, and prop grant of information at the village level. Before the situation of Mysore district schools, 90 per cent of schools are not special for latrine and urinal facilities, 75 per cent of schools lacked water supply, and 32 per cent of students are facing water-borne diseases. Intervention activities after completion of the experiment various changes in school children's attitudes like higher school attendance, low dropout rates, and positive attitudes among both teachers and students. Researchers suggested that local municipalities, citizens outsides agenesis, and stakeholders involved promote school health sanitation and monitoring facilities, and hygiene education.

Godfrey et al, (2007) conducted a study on water safety plans for grey water in tribal schools. This study was conducted with the objectives of water safety plans, and grey water reuse among schools. Studied sample Dhar and Jhabau are two districts in Madya-Pradesh 9 schools. Researchers examined greywater reuse in tribal schools. Particularly in Dhar, Jhabau is two districts of Madya-Pradesh. Their people suffer from water problems such as lack of freshwater or west water reuse. The study explores the reuse of grey water for appropriate purposes such as cleaning toilets, gardening, and irrigation viz... And the researcher explained the grey water reuse system. The water safety plans such as system description, hazard assessment, matrix development, monitoring, and maintenance of grey water. Grey water means west water used in bathrooms, toilets, laundry, and kitchen gardens. 50-60 percent of water is used in Dhar and Jhabau districts in Madhya Pradesh. Various techniques applying the grey water reuse in Ashram school in Dhar and Jhabau were applied in 9 schools. After that analysis of 9 school water balance in schools after. Before school water requirement was 50-70 liters for various activities like washing the floor, bathing, drinking, cooking, and gardening after reusing the grey water requirement is 31-43 liters per person a day. The Toilets in the Ashram schools become non-functional when setting grey water reuse systems for toilets are fencing always in school, cleaning and stopping open defecation. It involves WHO standards of the water safety plans in Ashram school. Reuse the grey water system in Ashram school and draw the systems on school walls, photographic and pictorial form school. Grey water is to be used for irrigation, non-leaf vegetables and fruit plants, prevention of mosquito breeding, and stopping the grey water in potable water. Reuse grey water in Ashram school in Madhya-Pradesh districts. It fulfills the basic water supply in school and meets the child-friendly water. Safety planed helped water reuses operating and maintenance aware of the hazards of grey waters. The researcher suggested that a child-friendly water plan is effective for school children and reduces minimal risk conditions.

Khera, (2013) conducted a study on mid-day meals: Looking ahead. This study was conducted with the objectives of the impact of the mid-day meal scheme on enrollment, attendance, maintenance, nutrition, and accountability of the department. It adopted an action research design .studied sample was Bihar and Rajashtan among school children. The researcher illustrated the mid-day meal program tragedy in Bihar and compared it to Bihar and Rajashtan to Tamil Nadu. Explained of causes of this failure lack of infrastructure, staff, quality of nutrition food, and accountability of staff. The researcher described mid-day meals in Bihar and Rajashtan in comparison with Tamil Nadu.43 percent of Bihar and 19 percent of Rajashtan school children do not consume fruit at home, 93 percent of Bihar and 95 percent of Rajashtan school children lack drinking water facilities in the school, 14 percent of Bihar and 37 percent of Rajasthan school children have kitchen shed 6 percent of Bihar and 8 percent of Rajashtan school children expressed the quality of meals at school. Poor quality food and lack of hygiene issues are there in schools. Researchers concluded by administrative and monitoring systems were recognized, the creation of public-private partnerships, and providing nutritious food for school children.

Andersson, (2014) conducted a study on ecological sanitation facility meets gender-specific hygiene needs in school. This study was conducted with the objective of introducing sustainable sanitation and good hygiene practices in schools through gender-specific needs. It was adopted as an evaluation research design. The demonstration of the integration of water sanitation and hygiene facility in a school project was implemented in Praksha school in Patna. Studied a sample of 637 girls and 348 boys aged between 5 and 18 in Praksha school in Bihar. They are rural area children. A researcher exploring the project at the school. Initially, the school did have not properly adequate sanitation and hygiene facilities. After the project introduced hygiene, sanitation, and the special importance of menstruation hygiene. During the conducted survey several women and girls are around 87 percent option of washing at a public pump, uncap able to change their sanitary padding regular. When the project provided an incinerator for sanitary napkins for girls. Major challenges beginning of the project implemented. Having no toilet cleaner for school, lack of sanitation facilities. After the achievement of the project, the school saved water, stops open defection, understood the reuse of manure in agriculture, perfect environment. Researchers suggested that hygiene practices and environmental concerns demonstrate children help to propagate new attitudes, practices, and knowledge in their communities.

Ashok et al. (2014) conducted a study on a comparative study of nutritional status between government and private primary school children of Mysore city. This study was conducted with the objectives of evaluating the status comparative to government and private among primary schools. It adopted a cross-sectional research design. Studied a sample of 1566 school children, 695 from government schools and 871 from private schools. Descriptive data analysis was done.385 (24.5%) children are underweight, 132 (8.4%) are overweight and 65(4.1%) are fat, and 228 are underweight children identified in a government school. The main causes of these problems are more time spent watching TV and computer, eating bakery items and junk food, smaller amounts of calories, and proteins, less physical activities, and more indoor games. As well as socioeconomic status was one of the nutrition status indicators. It was suggested that develop a healthy lifestyle among school children.

Kamath et al, (2015) conducted a study on the nutritional status assessment of school children in Bellary district, Karnataka. This study was conducted with the objective of Assessment of nutritional status and health status among primary school children. It adopted an action research design. Studied sample 1, 33,384 of the 27,544 (male 13519 or 49.1% and female 14,025 or 50.9%) students are selected in a total of 169 schools from 3rd to 7th classes in Bellary district. Descriptive data analysis was done. 4,447(16.1%) were found to be undernourished of them 2,237 (16.9%) male students are undernourished. 1,723(12.3%) are female obese. Undernourished at the age of 8 years of age and obesity at 15 years of age. Out of 865 (3.1%), students are severe thinness and 2,117(7.1%) students are overweight. Hassan and Zulkiffe(2010) studied in Azad Nagar Bangalore the study found 15.3% of males and 19.3% of females under nutrition 16.9% of boys and 15.8% of girls thinness found in Chakraborty and Bose(2009) studied in Nandigram of Purba Medinipur district west Bengal.16.1% under nutrition

was found to be in Francis et al, (2010). Chandra et al (2006) study in Jos North local government area of plateaus, Nigeria found in the study that 10.3% were underweight, 11.1% stunting, and 2.4% wasted. Also, Prabhakar and Gangdhar, (2009) conducted a study in Jenukurub in the Mysore district he found mild 41.5%, severe 6.7% wasting, and underweight.45.2% moderate and 14.8% severe under nutrition in the study.

WHO and UNICEF (2019) conducted a study on the progress of drinking water, sanitation, and hygiene in schools. The joint monitoring program (JMP) estimates progress on drinking water, sanitation, and hygiene (WASH). It is the responsibility of sustainable development goals. It was conducted with the objective of the program being the safety of students and school staff during the covid-19 pandemic, in 2019. 69 (1.30 billion) percent of schools had basic drinking water services,16 (297million) percent had limited services and 15(289million) percent had no drinking water services. 584 million children lacked basic drinking water services at their school including 297 million schools that had an improved source with no water available, and 297 million schools still had no water services. In sanitation in schools during the covid-19, 63(1.18billion)percent of schools had a basic sanitation service.18 (331million) percent of had limited services and 19(367million) percent had no sanitation services and 698 million children lacked basic sanitation services at their schools.57(1.06billion)percent of schools had basic hygiene services (hand washing, soap, and water)19 (355 million) had a limited-service like water is available no soap) 25(462 million) percent had no service .818 million children lacked a basic hygiene service at their school. In India, most rural schools practiced group hand washing before middle meals with water from a hand pump or bucket in 2018, and in urban 42 percent with water from a hand pump/bucket .57 percent with water from taps, and one percent no group hand washing facility. In rural areas schools, 71 percent with water from hand pumps/buckets 29 percent with water from taps 2 percent had no group hand washing facility. Schools met the criteria for all three basic WASH services between 2017 and 2020 in India, with 66 percent water, 58 percent sanitation, and 51 percent hygiene services among schools in India, during 2017-20. The survey study suggested incorporating cooperation of national wide and reducing issues and barriers to water, sanitation, and hygiene. To achieve the SDG's goals worldwide. Access to safe drinking water and adequate sanitation and hygiene.

**Identification of Research Gap:**

Reviewing the related literature it has been found major studies are done on mid-day meals, Nutritional status, obesity, physical activity, sanitation and hygiene practices, food policy in school, health awareness, mental health problems, and communicable and non-communicable diseases. The present research study will concentrate on an integrated/holistic approach to school health programme. Because it gives to strengthen preventive and pro-motive activities and improve the access to health services in an integrated systematic manner at the school level. The researcher will make linkages with local, and national stakeholders and NGOs of school health promotion School health programs focus on psychological, physical, emotional, and social morbidity like injuries, violence, and risky sexual behaviors and make available the foundation

for a healthy future. Good health is linked to reduced dropout rates, greater educational attainment and educational performance. The researchers intended to know whether the school health program is implemented properly or not. Hence, the researcher selected the topic entitled "A Study School Health Programme in Vijayapura Taluk".

**Objectives of the study:**

1. To study the demographic profile of the respondents.
2. To understand the health and hygiene issues of primary school children in Vijayapura Taluk.
3. Examine the health facilities and health services of primary school children in Vijayapura Tuluk.
4. Analyze the effectiveness of school health programme of primary school children in Vijayapura Taluk.
5. To offer suggestions to enhance the school health of primary school children in Vijayapura Taluk.

**Research Methodology:**

**Hypothesis of the study:**

**Hypothesis 1:** There is relationship between school health programme and school children health condition.

**Hypothesis 2:** There is relationship between school curriculum activities and practices with health programme.

**Hypothesis 3**: There is the positive and significant relationship between education and health.

**Research Design:**

The researcher will plan to deeply understand and study on what are problems and challenges in implementing school health programmes properly, the roles of children, teacher and parents. Therefore, the researcher will be adopting intervention research design for the present study.

**Universe of the study:**

The researcher will be collect the demographical date from related primary school children, teachers, parents and health check-up team., after collecting the appropriate sampling the same size will be adopt. The researcher will be taking 10% or 350 of the respondents from the whole population. The study will be adopting stratified sampling design.

**Sample Design**: The researcher plans to conduct stratify sample method that will be used to collect data from respondents. Total 350 respondents of them 175 girls, and 175 boys will be covered.

**Sample Size:** The sample size will be adopted 350 Vijayapura Taluka Government school and Government aided school children aged 12-14 years from 5, 6 and $7^{th}$ classes.

**Source of data collection**:

- **Primary Data:**

The primary data will be collecting by the researcher directly from the respondents, through using interview schedule, Focused Group Discussion, Observation schedule, additional information from teachers, parents.

- **Secondary Data:**

The researcher will be starting to search and collect topic related literatures for review. In future the secondary data will be collecting from various resources like national and International Journals, reputed books, published articles and some government reports for the present study.

**Data Analysis and Statistical techniques:**

The researcher will be using SPSS software version 16.0, for Statistical analysis and the study will be adopting the Chi-Square test and t-test also, it will be useful for compare the demographic details of the subject.

**Pilot study:**

The researcher will be selecting minimum thirty sample size for the pilot study. After the pilot study the researcher can be able to make a few modifications in interview schedule before going to the data collection.

**Provisional Scheme of Chapters:**

**Chapter- I Introduction**:

The first chapter will be giving a brief introduction to school health programme. This chapter will be including some definitions to an understanding of the school health programme, children, health, education, diseases reasons, consequences and improvements etc. The section will describe the importance of the study and it will provide understandable information regarding the whole study.

**Chapter-II – Review of Related Literature:**

The second chapter will be contained with books, journal, article and websites. The review of the related literature study referring to more understanding of the theme the research topic. It will provide a clear plan for the research study.

**Chapter- III Research Methodology:**

This chapter will discourse about the methodology. This part will be explained about research design. It will be including the geographical area, a broader area, the total sampling, sampling size and tools and techniques of data collection.

**Chapter- IV Analysis and Interpretation of the Data:**

After collecting the data, the data will be tabulating by using the SPSS software. The statistical interpretation will provide research study results with reason to understand the need of the study.

**Chapter- V Major Findings, Recommendations, Conclusion and Suggestions**

After the tabulating, coding and decoding of the data finally the results will become out. This chapter will be dealing with the findings, suggestion and conclusions.

**Limitations of the Study**

There is a requirement to research the school health programmes the study has some limitations;

1. The present study will conducting in only Vijayapura taluk
2. The researcher will be not covering the whole population of the school health programme in Vijayapura taluk.
3. The study will be involving both male and female primary school children.
4. The study will be covering only government and government aided schools.

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